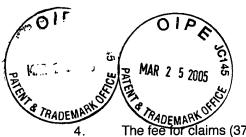


Attorney Docket No.: TRAN-P059

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

hereby of bearing F of deposi	First Člass P	nis transmittal of the below des ostage and addressed to the C	cribed document is being commissioner for Patents	P.O. Box 1450, A	Alexandria, VA 2231	3-1450, on the below da	pe te
Date of Deposit:	03/22/	05 Name of Person Making the Deposit:	KATHERINE RINALD	I Signature of Making the I	the Person Deposit:	wingene	\mathscr{C}
In re A	pplication	of: Andrew Read, San	neer Halapete and I	Keith Klaymaı	n		
Applica	ation No.	09/694,433	Examiner: CAO,	CHUN			
Filed:		10/23/00	Art Unit: 2185				
Confirm	nation No	o.: 3072					
	AVING E	POWER WHEN IN OR	FRANSITIONING	TO A STATI	C MODE OF A	PROCESSOR	
P.O. B	ox 1450	or Patents 22313-1450					
Alexan	ulia, VA	22313-1450	<u>AMENDMENT</u>	TRANSMITT	AL		
1.	Transm	itted herewith is an am	endment for this ap	plication			
	(29	d herewith is a respons sheets) d herewith are	e to an office action		·	ent application.	
x ID	S, Form	1449 and fee of \$180.	;;; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			OLDBE: 00000043 096	94433
<u>x</u> R	leference	s (5)			01 70:1253		1020.00 01
2.	Applica	nt is other than a small	entity		03 FC=1201 03 FC=1202		650 -00 -03
			Extension of	of Term			
3.	The pro	ceedings herein are fo	r a patent application	n and the pro	ovisions of 37 C	C.F.R. 1.136 apply.	
(a)	[X]	Applicant petitions for (fees: 37 C.F.R. 1.17(a				elow:)	
		Extension [] one month [] two months [X] three monuments	iths S	Fee 6120.00 6450.00 61,020.00 61,590.00			
			1	ee \$ 1,020	0.00		
If an ac	ditional e	extension of time is req	uired, please consi	der this a pet	ition therefor.		
(b)	[]	Applicant believes that being made to provide need for a petition for	for the possibility t	rm is required hat applicant	d. However, thi has inadverten	s conditional petiti tly overlooked the	on is

1 of 2



Attorney Docket No.: TRAN-P059

Fee Calculation

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims	37	- 20 =	17	x \$50.00	\$850.00					
Independent Claims	12	- 8 =	4	x \$200.00	\$800.00					
Multiple Dependent Claim Fee (one or more, first added by this \$300.00 amendment)										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [x] A check in the amount of \$2,850.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Confirmation No.: 45590

Respectfully submitted,

Date: 3/22/05

Ronald M. Pomerenke Reg. No. 43,009